

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/763827</b>	FILING DATE <b>23 APR 2001</b>		
						APPLICANT(S) <i>Harmon</i>			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/	/	51			
2		/		/		52			
3			/		/	53			
4			/		/	54			
5			/		/	55			
6			/		/	56			
7		/		/		57			
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9					/	59			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			4	1	3	TOTAL IND.			
TOTAL DEP.			4	1	3	TOTAL DEP.			
TOTAL CLAIMS			8	5		TOTAL CLAIMS			

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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